

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **BER-P-03-054**

First Named Inventor or Application Identifier:

**BERGERSEN**

Express Mail Label No. **EL613927554US**

ADDRESS TO: **MS Patent Application  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

17497 U.S. PTO  
10/66541  
09/18/03

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Specification	Total Pages <u>40</u>	5. <input type="checkbox"/> Assignment Papers (cover sheet & documentation) including check for \$40.00 recordation fee
2. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)	Total Pages <u>15</u>	6. <input type="checkbox"/> Letter under 37 CFR 1.41(c).
3. <input checked="" type="checkbox"/> Declaration and POA	Total Pages <u>02</u>	7. <input type="checkbox"/> English Translation Document (if applicable)
a. <input checked="" type="checkbox"/> Newly executed ( OR FAXED COPY)		8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
b <input type="checkbox"/> Copy from prior application (37CFR 1.63(d)) (for continuation/divisional with Box 14 completed) [Note Box 4 Below]		9. <input type="checkbox"/> Preliminary Amendment
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>	Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
4. <input type="checkbox"/> Incorporation By Reference (usable if Box 3b is checked)	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	11. <input checked="" type="checkbox"/> Small Entity status under 37 CFR 1.27 is claimed
		12. <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
		13. <input type="checkbox"/> Certified Copy of Priority Document(s)
		14. <input type="checkbox"/> Other: Communication regarding address

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Provisional Conversion  Divisional  of prior application No: 60/412,511

CLAIMS AS FILED

	<u>(1) NUMBER OF CLAIMS ALLOWED</u>	<u>(2) NUMBER FILED</u>	<u>(3) NUMBER EXTRA</u>	<u>(4) RATE</u>	<u>(5) BASIC FEE</u>
	<u>TOTAL CLAIMS</u>	<u>20</u>	<u>0</u>	<u>9.00</u>	
	<u>INDEPENDENT CLAIMS</u>	<u>03</u>	<u>0</u>	<u>42.00</u>	
	<u>ANY MULTIPLE DEPENDENT CLAIMS?</u>			<u>280.00</u>	<u>0</u>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<u>TOTAL FILING FEE -&gt;</u>	<u>\$375.00</u>

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to DEPOSIT ACCOUNT NO. 50-0595. A duplicate copy of this sheet is enclosed.

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DATE OF DEPOSIT: September 18, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" under 37 C.F.R. §1.10 on the date indicated above and is addressed to:

MS Patent Application  
Asst. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CONTENTS: Our Case No.: BER-P-03-054

Patent application for: BERGERSEN

Entitled: "A SYSTEM OF DENTAL APPLIANCES HAVING VARIOUS SIZES AND TYPES AND A METHOD FOR TREATING MALOCCLUSIONS OF PATIENTS OF VARIOUS AGES WITHOUT ADJUSTMENTS OR APPOINTMENTS"

ENCLOSED:

1. Patent Application Transmittal (in duplicate)
2. Specification (40 pages) (including one page abstract)
3. Drawings (15 sheets of 1, 2, 3, 4, 5, 6, 7, 8, 9A, 9B, 10, 11, 12, 13, 14, 15, 16, 17, 18A, 18B, 19A, 19B, 19C, 20, 21, 22, 23A, 23B, 24, 25A, 25B, 26, 27, 28A, 28B, 29, 30A, 30B, 31A, 31B and 32)
4. Check for \$375.00
5. Declaration and Power of Attorney
6. Return receipt postcard

  
Signature of person mailing documents and fees